

☐ BIRTH    ☐ DEATH    ☐ FETAL DEATH    ☐ MARRIAGE    ☐ CIVIL UNION    ☐ DOMESTIC PARTNERSHIP

State File Number

[illegible]

## SECTION 1

**INFORMATION AS IT APPEARS ON THE CURRENT RECORD:**

[Name (Names in the case of Marriage, Civil Union or Domestic Partnership)]

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
[Date of Occurrence (Month/Day/Year)]      (County of Occurrence)      (City/Municipality of Occurrence)

## SECTION 2

[illegible]

## SECTION 3

3A. Signature	Printed Name	Date
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Address	Relationship to Individual on Vital Record
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3B. Signature of Witness (see Instructions)	Printed Name
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### 3C. AFFIDAVIT SECTION

Subscribed and sworn to before me at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature	Official Title
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## SECTION 4

Documentation presented to establish the validity of the amended information reported in Section 2: